




**APPLICATION FOR TRAINING COURSE APPROVAL  
LEAD CONSULTANT AND ABATEMENT PERSONNEL**

**INSTRUCTIONS**

 Fill out a separate application for each course (including refresher courses) submitted for approval.


 Send application and necessary materials to:


Department of Public Health  
Lead Training Course Management  
410 Capitol Avenue  
MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7559

 Application Fees:   \*Initial Courses: (\$1,000.00)  
                                      \*Refresher Courses: (\$250.00)\*\*

\*       No fee is required for training courses or refresher training courses operated and provided by state, municipal or nonprofit agencies. A copy of an official document issued by a state or federal agency indicating non-profit status shall be required as proof of non-profit status.

\*\*       Only training providers who have already received approval for a training course in a particular discipline, or are concurrently seeking such approval, may seek approval for a refresher training course in that discipline.

 The Training Manager must sign and date the statement of verification found at the end of this application form.

 Submit all information listed in this application to document compliance with Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services.

## INITIAL INFORMATION

Date Application Prepared: \_\_\_\_\_ Circle one: (a) Initial Application  
(b) Reapproval

Type of Training Course (Circle one):

|                              |                      |
|------------------------------|----------------------|
| Lead Inspector               | Abatement Worker     |
| Lead Inspector Risk Assessor | Abatement Supervisor |
| Planner - Project Designer   |                      |

Initial or Refresher: \_\_\_\_\_

Fee: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Employee Number: \_\_\_\_\_

Training Manager: \_\_\_\_\_

Principal Instructor: \_\_\_\_\_

Work Practice Instructor(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## State Use Only

Date Rec'd: \_\_\_\_\_

Fee: \_\_\_\_\_

Ck No: \_\_\_\_\_

Trans Slip: \_\_\_\_\_

Date App'vd \_\_\_\_\_

TP#: \_\_\_\_\_

TC#: \_\_\_\_\_

\*\*\*\*\*

Please submit a check for the required application fee made out to "Treasure, State of Connecticut" and

- (1) A list of the topics/skill areas to be taught by each instructor.
- (2) A copy of the training course or refresher training course agenda, including the amount of time allotted for each subject and for hands-on skills.
- (3) Verification by the training manager that either EPA developed training materials will be used or alternative training materials which are equivalent to DPH standards will be used.
- (4) Copies of any student and instructor manuals to be used.
- (6) A copy of the course examination blueprint and a minimum of 20 sample questions. A description of the methods used to validate the course examination and a description of the methods used to maintain the security of the course examination shall also be submitted
- (7) A description of the facilities and equipment available for lecture and hands-on training.
- (8) A description of the procedures to be used for conducting hands-on skills assessments.

- (9) A copy of the quality control plan as described in section C.(9) of the training course standards.
- (10) A sample of the course completion certificate to be issued to students who successfully complete the training course or refresher training course as described in section C.(8) of the training course standards.
- (11) Documentation (official transcripts, resumes, letters of reference, licenses, certificates, and course completion certificates from lead training courses are acceptable documents) which demonstrates that the training manager, principal instructor, and work practice instructor(s) meet the minimum educational and experience requirements as described in the training course standards.
- (12) Training providers based outside of Connecticut must also submit copies of applicable state or federal approvals including the name, address, and telephone number of the department or agency granting such approval.

**Renewal Information**

- No changes: Training course to be provided as per last approval submission.
- Changes since previous approval with appropriate documentation submitted for review.

**List changes below:**

**Note:** Individuals seeking reapproval of a training course or refresher training course or both, must only submit information that has in any way changed from the or previous application.

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## STATEMENT OF TRAINING MANAGER

I, \_\_\_\_\_, Training Manager do hereby attest that the training course or refresher training course for which application for approval is herein made, complies with the requirements of the Connecticut Department of Public Health as established by applicable statute, regulation and standards. In the event that the training provider ceases to do business, records which are required to be maintained shall be transferred to the department. The department shall be notified in advance of any proposed modification to the training course as described within this application. The department shall be notified a minimum of ten (10) days in advance of any scheduled presentation of the training course or refresher training course in the State of Connecticut.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Training Manager

C: Les\Pb application training courses  
03/23/04